



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



DEPARTMENT OF CORRECTIONS

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Part	Section	Subject	Policy No.	Review Date
Institutional Services	Health Care	Administration	4.5.18	
ACA Standards	3-ALDF: <u>4E-01</u> Delivery of Health Care Services; <u>4E-02</u> Physicians are Responsible to Medical and Dental Matters; <u>4E-03</u> Health Authority Meets with Administrator and Reports; <u>4E-04</u> Health Authority Review Annually Health Care Programs ; <u>4E-05</u> Continuity of Care from Admission to Release; <u>4E-10</u> Administration of Treatment; <u>4E-11</u> Mental Health Services; <u>4E-14</u> Health-Trained Staff Member; <u>4E-16</u> Inmate Assistants; <u>4E-24</u> Level of Care; <u>4E-37</u> -Severe Mental Illness and Retardation			
Consent Decree	Paragraph 54 Develop Facility Policy and Procedures			

I. PURPOSE

To describe the managerial structure of the health services at the Department of Corrections (DOC).

II. POLICY

It is the policy of DOC to provide health care, including continuous medical, dental and mental health services, to all confined inmates/detainees, relying when necessary on the use of community care resources. No inmates/detainees will be employed in any part of DOC health care delivery system.

III. PROCEDURES

The physician assigned to DOC will supervise the medical, dental and mental health programs. DOC health care services will be managed and directed by the DOC doctor or nurse.

The DOC doctor or nurse will have sole responsibility for maintaining sufficient staffing levels, facilities, supplies, and equipment for the medical area.

The doctor or nurse has the responsibility for all final clinical judgments relating to inmates/detainees care at DOC, including oversight of the medical practice of all contract staff working in the facility.

The doctor will review and approve annually all policies and procedures relating to health care services by affixing date and his/her signature on all those issuances.

The doctor will ensure that outside medical resources and specialty treatment are offered in accord with prenegotiated contracts so the total health care program offers the full range of health care for all inmates/detainees, including access to an adequately equipped, licensed general hospital, either in the community or within the institution.

The doctor will review all health services records delivered to inmates/detainees by non-physicians medical staff at least once a week to ensure conformity with written policies and procedures.

The doctor will ensure that the Captain of Operations and Director are apprised of all relevant information regarding inmates/detainees participation in programs and of the management and security implications of specific health care situations.

The doctor will submit a written report to the Director every quarter, on the status of the health care system and will annually submit a statistical summary of the health care delivery system.

IV. Medical Decision-Making Authority

All matters of medical judgment are the sole province of the physicians or dentist working for, or under contract with DOC; however, the doctor has the final authority in all cases.

All security regulations that apply to institutional personnel will apply to health services staff in all categories. Medical staff will be aware of inmates/detainees with special medical problems and the associated signs and symptoms. The doctor or nurse will ensure all medical staff are aware of procedures to provide emergency care to any such inmates/detainees.

V. Staffing

The doctor or nurse will be responsible for planning and developing adequate staffing for the health care program. Recommendation for revision will be submitted to the Commissioner for inclusion in the annual budget.

Health care provided by a medical staff member other than a physician, dentist, or other professional independently authorized to provide treatment will be carried out in accordance with orders issued by personnel authorized by law to issue medical orders.

No non-medical staff member will deny inmates/detainees access to treatment or evaluation of medical, dental, or mental health problems.

VI. Use of Inmates/Detainees Workers

Inmates/Detainees will not be assigned to health-care related tasks of any kind, including direct inmates/detainees care, scheduling appointments, controlling access to health care

services, handling medical records or equipment of any kind, or operating any diagnostic or treatment equipment.

VII. Training

The doctor or nurse will oversee the delivery of health care training for medical staff to enable employees to respond to health-related situations.

All full time medical personnel will attend the DOC employee's orientation program.

It is the responsibility of each member of the medical staff to meet the requirements for continuing education pertaining to that individual's status.

Medical reference materials will be maintained in the library for medical staff.

VIII. Volunteers

Volunteers will be allowed to provide health care services only on the joint approval of a position description for that person by the doctor or nurse and the Director, which includes the basis for selection, required training, and length of service, definition of tasks, supervision, and responsibilities.

IX. Reporting Requirements

The doctor or nurse will compile the following information quarterly, and in aggregated form annually, and forward it to the Commissioner for use in budgeting and planning activities:

- The number of inmates/detainees receiving both screenings and complete health appraisals by medical and dental staff.
- Number of laboratory referrals, x-rays, and other test procedures.
- Number of positive results of test for tuberculosis and other communicable diseases.
- Number of hospital transfers, specifying the hospitals.
- Number of consultation referrals and specific resources.
- Number of ambulance calls.
- Number of medical and dental prosthesis needed.
- Planning information, to include projections for new equipment and other physical plant needs, staffing requirements, and developments in the field of medicine that are likely to have an affect, fiscal or otherwise, on the provision of the DOC health services.

X. Reporting

The annual report will consist of a narrative divided into three major sections: Achievement, Problem Areas, and Future Goals.

The "Achievement" section will focus on any new or completed projects, policies, procedures, staff, equipment, and services that have been accomplished or acquired during the past twelve months.

The "Problem Areas" section will focus on areas currently under revision or in need of improvement or on specific needs of the unit. This could include the need for additional staff, specific supplies or services, or revised procedures.

The "Futures Goals" section will focus on areas requiring immediate planning for improvement. Examples of such goals are new treatment for AIDS, accreditation from ACA or the joint commission on the accreditation of health care organizations, additional training for staff, etc.

Reviewed By: Gregory F. Castro
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Director of Corrections

12/5/07
Date

Approved By: Lino S. Ténorio
Lino S. Ténorio
Commissioner of Corrections

12/06/07
Date